

WEST VIRGINIA EMERGENCY RESPONSE COMMISSION
ANNUAL TIER II FACILITY FILING FEE WORKSHEET

2014

DATE FEE PAYMENT _____

CALENDAR YEAR ENDING DECEMBER _____

Facility Information (please print or type)

Company Name:	DO NOT WRITE IN THIS BOX
Facility Name:	
Address:	
City: State:	
ZIP Code:	
County:	
Contact Person:	
Telephone:	
E-Mail:	

III. FEE CALCULATION

LINE A: BASE TIER II FILING FEE

A) 25.00

LINE B: ENTER THE TOTAL NUMBER OF STORAGE FACILITIES FOR WHICH YOU
YOU ARE SUBMITTING TIER II INFORMATION **B)** _____

LINE C: AS IDENTIFIED IN LINE B SUBTRACT 35 FROM THE TOTAL NUMBER LISTED
(IF THIS NUMBER IS 0 THEN ENTER 0) **C)** _____

LINE D: MULTIPLY NUMBER ON **LINE C** _____ X \$10 ENTER ON LINE D

D) _____

LINE E: ADD LINE A AND LINE D

E) _____

IF YOUR PAYMENT IS POST MARKED AFTER MARCH 31, YOUR FACILITY MUST PAY A 20 % LATE
FEE.

F) _____

LINE G: TIER II TOTAL FILING FEE

G) _____

THIS WORKSHEET & CALCULATED FEE MUST BE SUBMITTED WITH YOUR TIER II INFORMATION BY MARCH 1